

AN ADDRESS,

DELIVERED BEFORE THE

MEMBERS OF THE

HUNTERIAN SOCIETY OF LONDON,

On FEBRUARY 19th 1851.

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THE

✓ ANNUAL ADDRESS, ✓

DELIVERED BEFORE THE

MEMBERS OF THE

HUNTERIAN SOCIETY OF LONDON,

ON FEBRUARY 19th, 1851,

BY JOHN C. W. LEVER, M.D.

PHYSICIAN ACCOUCHEUR TO AND LECTURER ON MIDWIFERY, AT
GUYS HOSPITAL.

" ——— The life of all her blood
Is touch'd corruptibly."

S O U T H W A R K :

PRINTED FOR THE AUTHOR, BY J. AND W. ROBINS.

1851.

DEDICATED

TO

DR. H. M. HUGHES, M.D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON,

ASSISTANT PHYSICIAN OF GUY'S HOSPITAL,

AND LATE

PRESIDENT OF THE HUNTERIAN SOCIETY.

BY HIS FRIEND AND COLLEAGUE,

THE AUTHOR.

AN ADDRESS,

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On FEBRUARY 19th, 1851.

MR. PRESIDENT,

WHEN, Sir, I acquiesced in the requisition of the Council conveyed to me by our excellent Secretary to deliver the Annual Address, I most assuredly did not rightly estimate the difficulty of the task I had undertaken; but, as time rolled on, and, as I began to prepare myself for my labour, the difficulty appeared to me almost insurmountable; I recalled to my mind all the orations I had heard since the period of their resuscitation. I recollected the truly practical and demonstrative address of Mr. Bransby Cooper on the blood. I remembered the influence of the mind on the body as eloquently explained by Dr. Cooke. I had not forgotten the elegant discourse of Mr. Bell on *Tic Douloureux*, or the peace breathing sentences of the orations of Dr. Ashwell and Mr. Solly. Dr. Ramsbotham's Medico-Jurisprudential Lecture was still vivid in my memory, the plain and explicit facts of Mr. Curling and Dr. Bennett were recalled, the one advocating the employment of *Æther*, the other stating the value of Cod Liver Oil, and concluding by ascribing all our wisdom to a Supreme Head. "For not unto us, not unto us, O Lord, but

unto thy Name be all the glory." I pondered over Ecclesiasticks, which brought to my mind the oration of Dr. Thompson, and musingly said, "The Lord hath created medicines out of the earth, and he that is wise doth not abhor them." The pathological oration of Mr. Hilton was not forgotten. The philosophical and classical essay of Dr. Barlow was still in my memory. Mr. Adam's plain and practical facts were yet fresh, and I again read over Mr. Critchett's admirable address of last year, to which I had neither the pleasure nor the privilege of listening. I say, Sir, memory did but increase my difficulty in selecting a subject to bring before you. It would have been useless, yea, it would have been puerile to have wasted your time in expatiating upon the value of societies like this. It would have been worse than useless, it would have been mischievous, I might say wicked, to have launched myself on the troubled sea of Medical Politics, before a Society so distinguished for its unity and brotherly feeling as is the Hunterian. I, at one time had made up my mind, and indeed, had committed to paper some observations on the importance of that noble mission in which we are engaged, stating its nature, its objects, its responsibilities, its duties, and its rewards; but this, on reflection, I thought would be but a sermon to those who are wiser than myself, and, having the advantage of the experience of my predecessors in this task, I endeavoured to select a subject connected with my special branch of the profession, one, that would probably interest all, whether Surgeon, Physician, Physician-Accoucheur, or General Practitioner. I forthwith determined to lay before the Members and Visitors the results of my own experience on the subject of Puerperal Fever, and its identity with, or consanguinity to, Erysipelas;—I am aware Sir, that this subject was many years ago brought before the notice of this Society by our associate Dr. Conquest, but it is long since I read his tract, and I have now refrained from doing so, lest my opinions might seem to be tinctured. In the observations I shall have to make, much will be found coinciding with the elegantly written work of Dr. Ferguson,

many with the published opinions of Mr. Nunnelley, several with the observations of Professor Simpson, as published in the 119th No. of the Monthly Journal of Medical Science, but most of this paper was written before their appearance in the month of November last.

The remarks I have to offer are based upon some years experience, upon observations closely made, facts accurately recorded, dissections I believe, faithfully and diligently conducted, and, Sir, I may assert at once that it is my decided opinion, that with respect to this fearful and dire disease “there are yet great truths to tell if we had either the courage to announce, or the temper to receive them.”

I shall not detain you long with any history of the disease, suffice it to say, that the records of its ravages, when it rages epidemically, fill the mind of the reader with horror, and teach him a humiliating lesson of the futility of human aid and Medical skill. Convulsions, although these for a time paralyse and deprive us of the assistance of attendants and friends, may, and are, often successfully treated. Hoemorrhage, demanding promptitude and energy, on the part of the Medical attendant to arrest the apparent floating of his patient from time into eternity, is frequently checked, but, Puerperal Fever, when prevalent, sickens the mind, enervates the body and depresses the spirits of the most skilful practitioner, when he sees that all his efforts, although judiciously seconded, are in vain.

This disease, Puerperal Fever, by some termed Childbed Fever, by others, the Low Fever of Childbed, by Dr. Gooch, Peritoneal Fever, was known and recognized by the Antients. It is spoken of by Hippocrates and Avicenna. Plautus and Sinnert, regarded it as depending upon inflammation of the Uterus, as did Willis; Riverius, mistaking the effect for the cause, looked upon it as the result of suppression of the Lochia; Strother, was the first to name it “*Puerperal Fever*,” and this term, in my opinion, is the most applicable. Most decidedly do I object to the term, Peritoneal Fever, given to it by

Dr. Gooch, for the natural deduction is, that the Peritoneum is always affected, and this I shall hereafter endeavour to shew by carefully conducted autopsic investigations is not the case, and besides, we may and do, have inflammation of the Peritoneum take place after delivery, marked by a train of symptoms widely and emphatically different from those that attend this formidable disease.

There is no disease about which there has been so much difference of opinion; consult for instance, the writings of Astruc, Leake, Hulme, Mackintosh, Armstrong, Gordon, Duplay, Dance, Tonnelle, Douleat, &c. and I am certain you will coincide with me, that there is sufficient discordance in their recorded evidence to puzzle the strongest judgment. Doubtless, this may in some degree be attributable to the peculiarity of different Epidemics, for the Fever is most assuredly fashioned by the type of other prevalent diseases, and is influenced by the season of the year, for, at one time the symptoms of peritonitis are most marked, at another, those of gastric irritation, not unfrequently there are undeniable evidences of phlebitis, or appearances of erysipelas, occasionally, symptoms with marked rheumatism, now and then, but rarely, there is an eruption similar to scarlatina, and sometimes from the commencement a quickly exhausting diarrhoea. It is not my intention, neither have I the time, in fact it would be out of place for me to relate and combat all the diversities of opinion which have been and are held regarding the nature of the disease; I have made the subject one of real study, its character, and its symptoms have been closely watched, its ravages have been carefully scrutinized, and although the remarks I have to offer will differ from some of the doctrines now taught, and be found to accord with others for some years, and with those but recently published, they are the results of my own individual experience.

It will be found, Sir, that my opinions coincide very nearly with those expressed by Dr. Ferguson, in his elegantly written and practical Monograph, and with those detailed

by Chomel, who regards the “disseminated inflammations” as due to the influence of the “liquids or blood,” believing the various secondary inflammations to arise from a previous morbid diathesis of, or a change in, the animal fluids, and thus, many local inflammatory lesions, are developed at once, or in suecession, in various parts of the body as will bye and bye, I trust, be demonstrated. This leads me to consider, 1st. What is the source and what the nature of Puerperal Fever? That the blood may be infected in various ways is fully demonstrated by the observations of Chomel, the remarks of Ferguson, the published lectures of Dr. Todd, and this fact I suppose will be granted by every thinking observer. If there be any in doubt let him repeat the experiments of Gaspard and Cruveilhier, as recorded by the former, in the “*Journal de Physiologie*,” tom. i. p. 248, and by the latter in the “*Nouvelle Bibliotheque Medieale*.” It will be found that by injecting but a small quantity of pus, putrulage, or purulent fluid into the veins of an animal, death is not always the result, but the operation is followed by symptoms of high constitutional excitement; whereas, if a larger portion be employed death will result sooner or later, preeceded by symptoms betokening inflammation of various and varying organs, whilst after death morbid changes are discovered, also varying in each case; but, as a rule, it will be found that those organs which are nearest the vessel into which the injection is made will suffer more frequently; thus, if the fluid be thrown into the forearm, the viscera of the chest become affected, while if the operation be made in the veins of the lower extremity the poison for the most part developes its presenece on the viscera of the pelvis and abdomen; still, although as a rule this remark applies there are exeptions. The experimenters to whom I have referred used other agents in addition to pus, for instance—Mercury in the quantity of half an ounce was injected into the left earotid, the left eyeball suppurated; ink and ink and water, Tincture of Campeachywood, and other fluids were also used. But the

13th experiment of Cruvellhier is in my opinion one of the greatest importance, he took a thin piece of wood, and introduced it into the femoral vein, as far as the ham, and placed another portion into the external iliac, which he passed as far as the ascending cava, but not content with this he used most violent friction, no evidence of pain was produced, tumefaction ensued and the animal lingered for six days, the whole extremity was infiltrated and the infiltration extended to the thorax of the same side the muscular tissue was in a state of red induration; there was pus in the femoral vein, also in some branches given off from it, but these were in other respects perfectly healthy; the knee joint contained pus, and the epigastric vein was completely distended. In my opinion this experiment of Cruvellhier is of extreme value, for it proves that not only may the blood be infected by the injection or absorption of vitiating substances, but that the products of inflammation produced by a mechanical cause, mingling or mixed with the circulating fluid are capable of causing similar symptoms and lesions. I cannot agree in the opinion expressed by some authors, that the symptoms are due to the mere inflammation of the vein itself. John Hunter was impressed that phlebitis destroyed life, by the extension of inflammation to the heart; but Mr. Arnott's researches, published in the Royal Medico Chirurgical Society's Transactions have refuted this, and further, Bouillaud in 1825, attributed the typhoid symptoms and phlebitis to the admixture of pus with the blood, and proved most convincingly that the symptoms are produced by the vitiation of the circulating fluids. But, Sir, it will be asked, are these causes which can vitiate the blood prevalent in the puerperal condition or state? Most assuredly! Is not the separation of the placenta from the uterus accomplished by a process of avulsion? and the number of vessels rent is by no means small; look at the changes induced in the womb itself by pregnancy; estimate the effects produced by labour, and examine the cavity of the uterus after the expulsion of its contents; to use the words of

Cruveilhier, "it may be compared to a vast solution of continuity," the vessels in some instances gaping and open ready to take in the discharges which are constantly poured out. Do we not find that a portion of retained placenta, a piece of membrane, or a coagulum of blood in a state of putrescence, will give rise to the development of the phenomena of Puerperal Fever, when it is seen sporadically? Neither is it necessary for the vitiating agent to be purulent for the experiments of Gaspard, the researches of Tonnelle, and the remarks of Travers prove the opposite; nor shall we see of necessity in every case inflammation of the uterine veins, for I have known many fatal cases where no lesion in these could be detected neither peritonitis, and I emphatically maintain that the peritonitis of the puerperal chamber is a very different disease from Puerperal Fever, as every careful observer will I think admit. Sir, it may again be asked; but is the blood affected? Gulliver and Dalrymple have discovered pus globules in the blood taken from the vena cava of a patient of Mr. Coulson's; Scarzoni proves it; M. Donne has given us directions for testing it chemically; Mr. Moore has referred to it, but Bidault and Arnontins insist upon it; Dr. Schöeller says it exhales a peculiar odour like that of the bat; Dr. Copland treats of its peculiar and remarkable condition. But, admitting the truth of the propositions I have attempted to establish, it may again be asked, can the various forms of Puerperal Fever depend upon this one cause, at one time peritoneal, at another time gastric, &c.? I reply by again referring to the experiments previously quoted; I alluded to the various symptoms and lesions there produced, and I maintain that we find after delivery all the evils which are occasionally seen after amputation; phlebitis, pus in the lymphatics, synovitis, muscular inflammation, œdema, erysipelas, &c. and I am confirmed in my opinion by the fact that we most frequently find the evidence of lesion in the lungs and the liver, the two great emunctories of the body; but, doubtless, the varied forms of lesion we see are partly due to the efforts

of nature to block in the poison as shewn by Cruveilhier and Arnott. From observation, I am inclined to agree with the divisions of the forms of the disease as published by Dr. Ferguson in his Monograph, and to a brief epitome of the symptoms of each I will now direct your attention. The first, the peritonitic form is ushered in by shivering followed by heat and sweating, accompanied with distress and mental agitation, and these lasting for a varied period of time will soon be followed by abdominal pain, fever, a general fulness of the surface of the body; the pulse is hard, wiry, small, but frequent, the breathing is hurried, the posture is supine, and all movement is painfully restrained. These symptoms unrelieved or nondetected, are quickly followed by a stage of comparative or *apparent* amelioration, which however does not deceive the experienced practitioner; for, although less pain is complained of, the pulse gives a more questionable indication, the absence or alleviation of pain, he knows arises from effusion, which may be discovered by gentle palpation, the stage of collapse soon comes on, the countenance becomes changed, the respiration laborious, the surface of the body livid in colour, and bedewed with a cold clammy perspiration, the abdomen swollen and tympanitic, the pulse too frequent to be counted, and the patient may, and often dies with the mind calm even to the last.

The second form is called by Dr. Ferguson, and I think wisely, the gastro-enteric form. I have noticed it prevail most frequently in the autumnal season of the year; it is also ushered in by rigors or chills, succeeded by heat, these are sometimes but transient, there may be slight peritoneal tenderness, but it is soon wanting, quickly, mucous irritation manifests itself: there is nausea followed by vomiting, diarrhœa speedily appears, and the evacuations will be found to shew every grade of vitiated secretion; the tongue at first white, becomes red, and not unfrequently aphthous; the skin is hot, and dry, of a dusky yellow hue, the mind wavers, and is unsettled, the eyes are surrounded with a livid areola, and the

conjunctiva is ictroid; there is extreme debility, the limbs are tremulous, the pulse is quick, small, and soft; there will be remissions, followed by exacerbations, great watchfulness, oft-times delirium. During the course of the disease not unfrequently some viscus becomes inflamed, or, it may be one of the joints, or there may be evidence of muscular inflammation. The diarrhœa may persist until it become colliquatous, when death will speedily close the scene. This form appears to have been ably described by Dr. Butter in 1775.

The third the ataxic form from the commencement is marked by coldness, nervous agitation, faintness, and a sense of on-coming dissolution; if there be abdominal tenderness, it will be found to be slight and soon subsides, the pulse is small, and can with difficulty be counted, the patient is restless and anxious frequently to change her position. She sighs often, the muscles are in a state of tremor, occasionally her sufferings are increased by cramps, and these will continue until she die comatose, or in a fit of syncope from sudden alteration of her position. This I believe to be the most rare form of Puerperal Fever, but I have seen some well marked cases of it, and one especially with my friend Mr. Ray, of Dulwich, whom he attended after inspecting a case of phlebitis, but not in the same dress.

The last and most frequent form is of a complicated character, occurring from the first to the third day of delivery; debility soon evidences itself, prostration rapidly appears, the mind is generally calm, the pulse rapid and small, the skin of a dingy or dusky colour, the cheeks occasionally patched with red, the eyes are dull and glassy, the lids of a leaden hue, and surrounded by dark or livid areolæ; there are sighings incessant, loud, and automatic; quickly the various organs of the body become secondarily affected, the irritation of the stomach is displayed by nausea, and vomiting; of the intestinal canal, by diarrhœa or dysentery. Evidences of secondary disease are rapidly manifested. In the chest pleurisy, pneumonia, or both combined, pericarditis endocar-

ditis, or both, in the abdomen peritonitis or hepatitis; the muscular tissue may suffer, and when such is the case, inflammation is more frequently seen in the muscles of the fore-arm, and in the calf of the leg, occasionally, the joints are extensively painful and inflamed. An erysipelatous eruption is sometimes visible, there may be phlegmatia dolens to add to the patient's misery; sometimes there are patches of erythema; rarely the body is covered with a rash similar to scarlatina, and which Dr. Hehn has called scarlatina puerperalis, and a remarkable, but a fatal case of this occurred in Guy's Lying-in Charity some years since, under the care of Mr. Holden. General and destructive inflammation of the globe of the eye is an occasional result, and when this organ is affected the left is most usually attacked, while lastly, before the termination of life, gangrene is sometimes developed, attacking most frequently the calf of the leg, secondly the vagina, thirdly the vulva, and rarely the sacral region.

I have thus, Sir, and I fear wearisomely, described the symptoms of the four forms of Puerperal Fever, which I have noticed, and before endeavouring to point out the identity between this disease and Erysipelas, I will briefly detail the pathological changes that are found on antopsical investigation in the former disease. The bodies of patients who die of Puerperal Fever, should be examined quickly after death, as changes rapidly take place and decomposition is speedily produced, and in the conduction of such, great care should be taken by the operator to avoid punctures, and to protect any abrasion of the skin or wound of the hand. In directing attention to the uterus its peritoneal investment may be found injected, it may have lost its brilliancy, be covered with lymph, it may be raised or separated from the subjacent proper tissue, by a layer of lymph or pus or by both combined, its tissue is frequently found to be soft and flabby, generally, there is but little diminution of its volume, and indeed if death have been delayed until some days after delivery it will be found as large as previous to the expulsion of the placenta; sometimes in its walls there will be

seen a marked defined abscess containing unhealthy pus, sometimes many of these, in other cases pus will be diffused amongst the muscular fibres. Occasionally, there are patches of disorganization or softening, which will be found to have commenced on the inner surface, which is smeared with a thick layer or coat of gelatinous looking blood, and, if this be wiped off, underneath there will be seen a layer of lymph, varying in thickness and firmness, the whole of the interior may have a greenish hue, and be covered with a false membrane similar to that which is to be remarked on the surface of an amputated stump. Within the cavity there may be flakes of membrane which are usually putrid and offensive, and, when lesions are found, these are more commonly at the point of placental attachment. If, the condition of the cervix uteri be noted it will be of a leaden colour and congested. The Ovaria and Fallopian tubes are frequently softened, intensely injected with blood, infiltrated with serum, or covered with a layer of lymph, or in their structure pus may be deposited. In some instances the Peritoneum is quite pale, in other cases there are evidences of but partial inflammation, whilst in many more there are the signs of general disease. Where the latter is discovered it will be found that much will depend upon the duration of the ailment, and the nature of the patient's constitution, the uterine peritoneum is most frequently affected, next the broad ligaments, next in point of frequency the parenchymatous or visceral peritoneum, and most rarely the muscular or peripheral serous membrane. Where such inflammatory products are found they will not be different from those detected in cases of fatal but ordinary peritonitis, as, for instance, that which occasionally takes place in men after an operation for Calculus or for Fistula, there will be copious effusion of serum and lymph, there may be spots of ecchymosis or the whole may be injected; there may be an effusion of pus, and this is most generally seen low down in the pelvis at the back of the uterus, and near the ovaries, sometimes the pus appears to be

contained in a cyst, and occasionally this is found in the utero-vaginal pouch or in either iliac fossa; where there is no pus there is usually much coagulable lymph, varying in consistency according to the intensity and duration of the disease and the constitutional diathesis of the patient. The mucous membrane of the Intestinal tube rarely gives signs of changes except in the Gastro-enteric form and then there will be patches of inflammation, softening, ulceration, and in some cases, perforation; the lining membrane of the stomach usually peels off readily, and in some instances preceded by obstinate vomiting before death, an exudation like currant jelly has been found between the lining membrane and the muscular coat; the intestines are greatly distended with foul gas, and contain a brownish green fluid, which at the suggestion of Dr. Campbell, during the prevalence of the disease in Edinburgh, was analysed by Murray, and found to be a modification of bile consisting of resin, mucus, phosphate of lime, and muriate of soda, &c. Of all the parenchymatous glands the liver most frequently displays evidences of disease, its peritoneal investment may present the appearances already noted, its substance is gorged, distended, and softened, not unfrequently one or more abscesses may be detected and occasionally pus is infiltrated or diffused in some portion of its structure: the spleen is usually broken up, appearing like a sac of treacle, both in color and consistence. The peritoneal covering of the kidneys is sometimes red or opaque, occasionally separated from the gland by a layer of pus, or lymph; the emulgent veins are sometimes inflamed the whole gland may be softened or engorged. The renal lesions I have most frequently seen are where the joints were affected in the course of the disease, and under these circumstances I have never failed to detect albumen in the urine. It is rare to find any disease of the bladder or ureters. In the chest we find in one or both pleuræ, turbid serum effused, while the lungs may display every stage of disorganization the pericardium is not unfrequently affected while the heart itself may be

soft and inflamed. If the attention be directed to the veins in many instances they will be found to form as it were a mesh-work, their lining membrane may be pale, covered with a false membrane, which is with difficulty or if mixed with pus, readily wiped off, the coats are sometimes thickened and their cavity obstructed or altogether obliterated, the cellular membrane in which they are embedded may be hardened, infiltrated with serum, or the deposit of purulent effusion. In some instances the uterine veins are free while morbid changes are found in the spermatie and renal vessels, but in other cases no lesion can be detected.

Traces of disease are found in the lymphatics, which present a beaded appearance. Cerebral lesions are very rarely met with. The joints most frequently attacked are in my opinion the elbow and knee joint, although this does not accord with the experience of other observers. Where the muscular tissue has been affected we shall find pus diffused through the muscular structure or in the cellular membrane connecting the muscles, the fibres themselves soft and readily lacerable, or there may be a circumscribed spot of softness, or abscess; and if, before death there have been appearances of Erysipelas the tissues will be dusky and swollen, and on division pour out serum or a sero-sanguinolent fluid.

I have thus Sir, enumerated, and at length, the various evidences of disease that I have met with in the necroscopic examination of Puerperal Fever, and I have been thus prolix in order that this may be compared with those changes that are observed in fatal cases after surgical operation, or from erysipelas.

It is not my intention, indeed, time would fail me to enter upon the question of treatment, indeed, it would be but an insult to my seniors in this society, and I should have to confess my own insufficiency—but “*en passant*,” I will make this remark, that while directing our attention to the relief of local lesions, we must remember they are not the disease, but the result of a subtle poisonous cause. I now pass on to the

consanguinity that there is between Puerperal Fever and Erysipelas, and I remark that the mode of attack, and the nature of the constitutional symptoms are precisely identical. I affirm that where you have local external symptoms during an attack of Puerperal Fever, they cannot be distinguished from the evident or ocular signs of Erysipelas, and that the necroscopic changes that are observed on "post mortem" examination are similar, and that the same indications must, or ought to guide their management and treatment. I maintain when Puerperal Fever is epidemic, erysipelas will be found to prevail at the same time, and that wounds and sore legs in our public hospitals will present an unhealthy and foul appearance; and this remark is still further strengthened by observing that both will be found to prevail at the same seasons, and increase as well as decrease during similar changes of weather, the morbid tendencies in each, the disposition to the deposition of serum; lymph, and pus in both are alike. If puncture of the hand of an examiner unfortunately take place in either disease; yea, and in both, there is an equal amount of danger, as we may gather from the recorded experience of Mr. Travers. We have evidences or what we call symptoms of both diseases existing at the same time, and in the same patient, so that if the diseases be distinct or different, one fire does not "put out another's burning." And finally, I am strongly of opinion that both may reciprocally produce each other. It would be wearisome to bring before the notice of the society recorded examples of the truth of this; with but one fact I will content myself. Two pupils of Guy's Hospital were at the same time taking notes of a severe case of Erysipelas in Lydia Ward, both were summoned from the bedside, each, to attend a case of midwifery, the one about a quarter of an hour before the other. Both of these gentlemen attended a second case in the course of the day; all the four mothers died of Puerperal Fever, and the children of Erysipelas, commencing at the umbilicus; and I may remark this is the most common situation for the latter

disease to commence in early infancy ; no Puerperal Fever on the strictest investigation was found to prevail in the district ; there was none in our Lying-in Charity, and by placing those gentlemen under quarantine, no further case occurred.

I may, Sir, perhaps, be permitted to make a few observations on the question of prophylaxis. Sometime since, in one of the French Journals, and which I have been unable to discover, I read that the sulphate of quinine in full doses had been recommended to be exhibited to puerperal patients directly after delivery, where the disease raged epidemically. I have tried it myself, and have recommended some of my professional friends to adopt the plan. Now, although it be true that most of those females to whom it has been exhibited during an epidemic, have escaped the attack, yet it may not be a "propter," but merely a "post hoc." Still I am bound to confess that, although I do regard it as decidedly beneficial, yet it answers better in the autumnal season of the year, and when the prevailing disease is of the "gastro-enteric form."

In drawing these remarks to a close, I must be permitted to state, and in emphatic terms, that medical men engaged in midwifery practice, should most sedulously avoid attending females in the same clothes in which they have dressed wounds, and especially those of a gangrenous or erysipelatous character. Attendance after a post-mortem examination, I have known followed by fatal results. In one instance the surgeon saw the patient but once, as he was returning home from the dissecting-room, the patient's labour had been easy, no fever was prevalent, but she died of a most malignant form of this disease. In another instance a teacher of anatomy removed the ovum from a patient who was in danger from flooding, dressed in the garments in which he had been dissecting, Puerperal Fever with Erysipelas, speedily made its appearance, and this lady also died. Lastly, Sir, I think in the present day, with the increased accumulation of recorded experience, there will be found few to deny the fact, that the disease is capable of being communicated by medical men, by

nurses, and by attendants. I have known one practitioner lose eighteen patients in succession, while his neighbouring members of the profession had no cases in their circle. Nurses repeatedly carry the disease from house to house. One most dear patient that I lost, had the disease communicated to her by her nurse, who left the death bed of one case to attend upon her, although it was some time before the fact was discovered. Attendants even before the delivery may be the vehicles of contagion. A nurse engaged to attend a lady, was desired by the medical man to call and state her inability to perform her office, from having recently been engaged in tending a case of fatal erysipelas; she stopped and took tea with this lady; the nurse herself died of erysipelas, the patient, who was confined that night, of Puerperal Fever. These are but few of the facts I could detail in danger of wearying my auditors. But, Sir, so convinced am I of the contagiousness of this disease, that I confess I have no sympathy for those who, with these indisputable facts before them, lose case after case, from being themselves the vehicles of contagion, gladly received into homes where hope is budding and all joyful anticipation, they but resemble the Destroying Angel, for instead of mirth, congratulation, and merriment, they leave sadness, gloom, and desolation. To continue attendance under such circumstances, I regard as highly criminal, and if not punishable by law, at any rate will be requited by the sting of a disapproving conscience.

Permit me, Sir, on the close of this your presidential year, to congratulate you that no hatchment is placed over your chair, that no one of our members has been removed by the hand of death—none “hearsed by death.” In your introductory remarks on commencing your office, you alluded in trite and sympathizing terms to the loss our society had sustained by the death of the late Mr. Aston Key and Dr. Allen Williams, the former cut down in the plenitude of his power, by that disease, which alone, perhaps, is more devastating than the one that has occupied our attention, and which

seemed to be sent as a warning to us all, to be prepared. The other, the pride of his home and the joy of his family, was snatched away as it were, before their very gaze, but to him sudden and unexpected death was sudden but anticipated glory.

I will not add one word to what you so feelingly expressed,—

“ No further seek their virtues to disclose,
Nor draw their frailties from their dread abode;
There they alike in trembling hope repose,
The bosom of their Father and their God.”

But with these emphatic instances before us, we individually and collectively should learn “to work while it is yet day, for the night cometh when no man can work.”

Finally, Sir, may I be permitted to suggest to yourself, and the council, that as this year is to be the Jubilee year, and I say it *with reverence*, a second Pentecost year, that as thousands will be assembled in this mighty City, and amongst these many of our own Profession attracted from all quarters of the globe, would it not redound to the honour of the Hunterian Society to hold occasional converzationes, to receive their Foreign Brethren with that spirit and cordiality, which has at all times been its distinguishing character? and, thus prove what we all admit, “that out of the same flesh and blood hath God made all men upon the earth.”

